

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer

Michael C McGrew

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		30495.61
(b) Cash on Hand at Beginning of Reporting Period.....	2941520.63	
(c) Total Receipts (from Line 19)	639385.20	4140516.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3580905.83	4171012.01
7. Total Disbursements (from Line 31)	378593.20	968699.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3202312.63	3202312.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

639385.20

4140516.40

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

639385.20

4140516.40

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

639385.20

4140516.40

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

639385.20

4140516.40

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

639385.20

4140516.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-179001.80	47893.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-179001.80	47893.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	557595.00	920806.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	378593.20	968699.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	378593.20	968699.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	639385.20	4140516.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	639385.20	4140516.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-179001.80	47893.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-179001.80	47893.38

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +19A-N5 HCB

Form/Schedule: F3XN

Transaction ID :

For the following items, 720 Strategies LLC dated 5/02/14, negative amounts of \$1,750.00 and \$750.00; 720 Strategies LLC dated 5/23/14, a negative amount of \$750.00; Meath Media Group dated 5/02/14, a negative amount of \$26,075 & Strategic Partners & Media, Inc., dated 5/01/14, a negative amount of \$ 150,000.00 is reflected on Line 21b of this report and corresponding positive amounts are reflected on Line 24. For the Line 21b negative entries, the full purpose of disbursement should be noted as Transfer to Line 24, Independent Expenditure disseminated. For the Line 24 corresponding positive entries, the full purpose of disbursements are: Transfer website design costs from Line 21b to Line 24 due to public dissemination of Independent Expenditure in the amount of \$1,750.00, dated 5/02/14, in support of Thad Cochran; Transfer website infrastructure costs from Line 21b to Line 24 due to public dissemination of Independent Expenditure in the amount of \$750.00, dated 5/02/14, in support of Thad Cochran; Transfer website infrastructure costs from Line 21b to Line 24 due to public dissemination of Independent Expenditure in the amount of \$750.00, dated 5/23/14, in support of Lindsey Graham; Transfer online video production costs from Line 21b to Line 24 due to public dissemination of Independent Expenditure in the amount of \$26,075.00, dated 5/02/14, in support of Thad Cochran; Transfer online video production costs from Line 21b to Line 24 due to public dissemination of Independent Expenditure in the amount of \$150,000.00, dated 5/01/14, in support of Mike Simpson.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3501292.80

Date of Receipt

05 / 15 / 2014

Transaction ID : A84CDB2EF546D4D85AEE

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4140354.80

Date of Receipt

05 / 30 / 2014

Transaction ID : A8382D7D84E7F414E9EB

Amount of Each Receipt this Period

639062.00

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4140516.40

Date of Receipt

05 / 31 / 2014

Transaction ID : AE39FB21342044234B9C

Amount of Each Receipt this Period

161.60

In-Kind: administrative & compliance support

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

639385.20

639385.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. 720 Strategies LLC

Mailing Address 1111 19th St NW

City Washington State DC Zip Code 20036-3603

Purpose of Disbursement
Transfer to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : B8B7CA4B18A8148ACA8D

Amount of Each Disbursement this Period

-1750.00

Full Name (Last, First, Middle Initial)

B. 720 Strategies LLC

Mailing Address 1111 19th St NW

City Washington State DC Zip Code 20036-3603

Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : BC21FD7CAAA33473DB91

Amount of Each Disbursement this Period

-750.00

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Kingle St., NW

City Washington State DC Zip Code 20016-3578

Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : B03906D25F83143308F2

Amount of Each Disbursement this Period

-26075.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-28575.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. 720 Strategies LLC

Mailing Address 1111 19th St NW

City Washington State DC Zip Code 20036-3603

Purpose of Disbursement
Trsfr to Line 24 (See memo text for details)

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 23 2014
Transaction ID : B5A54235BD3DF4F219D5

Amount of Each Disbursement this Period

-750.00

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

Purpose of Disbursement
In-Kind: administrative & compliance support

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 15 2014
Transaction ID : B951F3C061D5B478381B

Amount of Each Disbursement this Period

161.60

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

Purpose of Disbursement
In-Kind: administrative & compliance support

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 31 2014
Transaction ID : B2A7BF7B784FE46BFB19

Amount of Each Disbursement this Period

161.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-426.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Strategic Partners & Media, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Mailing Address PO Box 480

City	State	Zip Code
Arnold	MD	21012-0480

Transaction ID : B5583319DD7694141B00Purpose of Disbursement
Trsfr to Line 24 (See memo text for detailed explanation)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

-150000.00

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶

-150000.00

TOTAL This Period (last page this line number only).....▶

-179001.80

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 19
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00488742</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 01 / 2014</div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Chicago		State IL	Zip Code 60611-4011		Transaction ID : E6962555E4DCB4D0F9C3
Purpose of Expenditure Consulting Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Rep. Mike Simpson			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">299197.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 01 / 2014</div>		
Mailing Address PO Box 480			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>		
City Arnold		State MD	Zip Code 21012-0480		Transaction ID : E6CAEF478E4DF47FFACI
Purpose of Expenditure Online video production costs		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Rep. Mike Simpson			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">299197.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">150100.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael McGrew</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 17 / 2014</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488742 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Meath Media Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 02 / 2014</div> </div>		
Mailing Address 4441 Kingle St., NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26075.00</div>		
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E7518E413D6644DBE96D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Online video production costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Sen. Thad Cochran			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 02 / 2014</div> </div>		
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1750.00</div>		
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E2C2E912685A845BC81E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Website Landing Page costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Sen. Thad Cochran			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">27825.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
06 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;"></div>			
Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;">2014</div>	
Mailing Address 430 N Michigan Ave		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;">100.00</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E9166F33909794A559DD Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;"></div>
Purpose of Expenditure Consulting Services		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border-bottom: 1px solid black; width: 150px; margin-left: 5px;">28675.00</div>			
Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;">2014</div>	
Mailing Address 1111 19th St NW		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;">750.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E4C517EB71C8D4EFCBEI Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;"></div>
Purpose of Expenditure Website infrastructure costs		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border-bottom: 1px solid black; width: 150px; margin-left: 5px;">28675.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;">850.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Michael McGrew</u>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin-left: 5px;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;">2014</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488742 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E2F47409D531242CB949 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
<div style="border: 1px solid black; padding: 2px; text-align: right;">29175.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 1111 19th St NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E6960F44CD8834EFF8DE Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Online Ad Costs		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
<div style="border: 1px solid black; padding: 2px; text-align: right;">29175.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

06

17

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ C C00488742		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address 430 N Michigan Ave			Amount 300.00		
City Chicago		State IL	Zip Code 60611-4011		Transaction ID : E559465DFB77B4357920
Purpose of Expenditure Consulting Services		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought			377475.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Mentzer Media Services, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address 600 Fairmount Ave Ste 306			Amount 321000.00		
City Towson		State MD	Zip Code 21286-1002		Transaction ID : EFE00154863524104B35
Purpose of Expenditure TV Production costs & online media buy		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought			377475.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			321300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Michael McGrew			[Electronically Filed]		Date MM / DD / YYYY 06 / 17 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee NMB Research LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address 214 N Fayette St			Amount 27000.00		
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : EACAE3BA6D65B4CDC91		
Purpose of Expenditure Polling costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought		377475.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 430 N Michigan Ave			Amount 150.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EEDF00FF696FB48C0AEE		
Purpose of Expenditure Consulting services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Lindsey Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		28970.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

 MM / DD / YYYY
06 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 19
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ C C00488742		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 1111 19th St NW			Amount 1750.00		
City Washington		State DC	Zip Code 20036-3603		
Purpose of Expenditure Website Landing Page costs		Category/Type 		Transaction ID : E573102EC75A74C2EA23 Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Lindsey Graham			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought 28970.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Meath Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 4441 Kingle St., NW			Amount 26320.00		
City Washington		State DC	Zip Code 20016-3578		
Purpose of Expenditure Online video production		Category/Type 		Transaction ID : E2F9D1F8E4D33480F8F3 Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Lindsey Graham			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought 28970.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28070.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Michael McGrew</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 06 / 17 / 2014		

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 27 / 2014</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div> <div></div> <div>50.00</div> </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E644F0973D5774E55B2F Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div></div> </div>
Purpose of Expenditure Consulting Services		Category/ Type	
Name of Federal Candidate Sen. Lindsey Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>30020.00</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date _____

Signature

[illegible]

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>			
Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1111 19th St NW		Amount 1000.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EF685B91ED2444392AF3
Purpose of Expenditure Online Ad Costs		Category/ Type	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Sen. Lindsey Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought		30020.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 1000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶ 557595.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Michael McGrew		Date 06 / 17 / 2014	
		[Electronically Filed]	